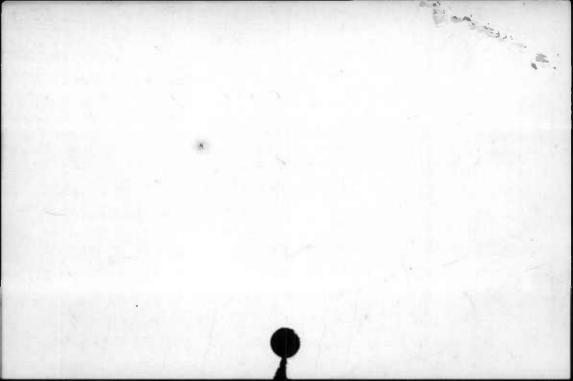
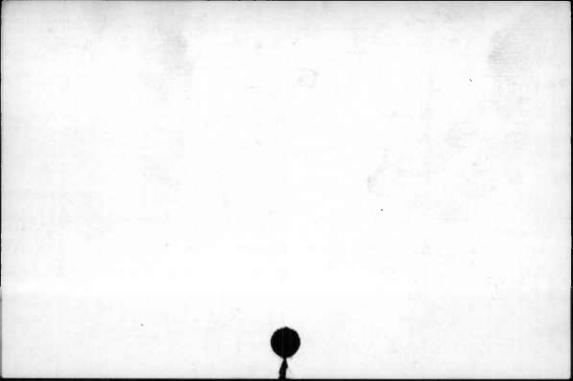
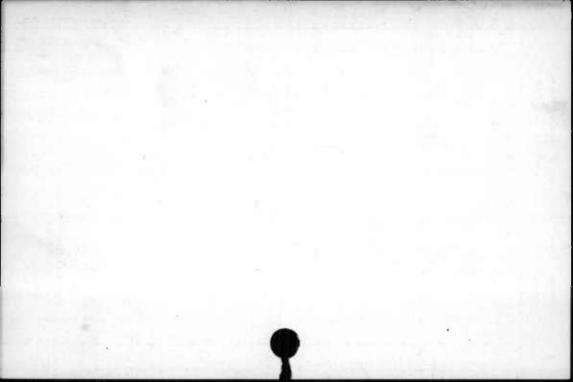
Name (7 7 1101	9				
Full	Garrer Htl	220			CERTIFICATE C	F DEATH
	Died at Caretre	doe	Dora County	L		
	Date of death 190 6 Hans	Day	Age 88	Mo	nths	Days
ED BY	Sex Hemale	Color or Co	loomed	Birth- place		
WERED.	Occupation		Where Residing If not at place of death	righ	St-	
ANSWERED REST FRIEN	Morted, Single or Widowed	Name of Wile or Husband	4			
TO BE	Father's Name			Father's Birthplace		
F	Mother's Maiden Name			Mother's Birthplace		
	Name of person giving In formation	f person giving How rela to decease				
		CAUSE	S OF DEATH			
	Primary nephrotos	. /	(100)	How long		
IAN	Immediate & Law	Kon	110	How long		
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Brevela horrup			
			Address Colle	rente	Mod	à
	Accident or Suicide?			0		
					LIBRARY BUREAU AS	3616



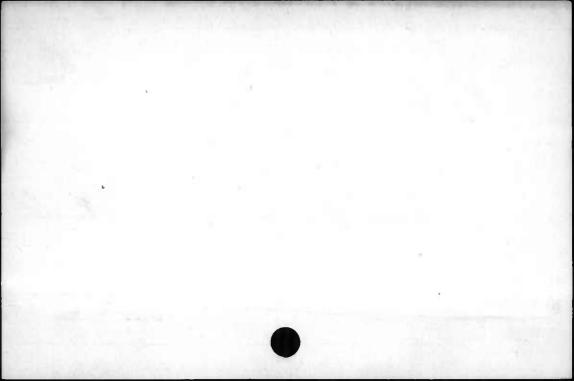
Name William Full CERTIFICATE OF DEATH Died & Near Woveford County MARYLAND Months Days Birth- Woolford, Me d Color or Race ANSWERED Occupation Where Residing if not at place of death Married, Single Marries Name of Wile or Wildowed Husband George W. asplen Mother's Starriett Wootherd Name of person giving How related to deceased In formation CAUSES OF DEATH Primary PHYSICIAN RON B. L. Amith MID Are the name, age, sex, color, date Signature of 0 and place correctly given above? Physician Address ac. Madison Ma Accident or Suicide? LIBRARY BUREAU ASSOIS



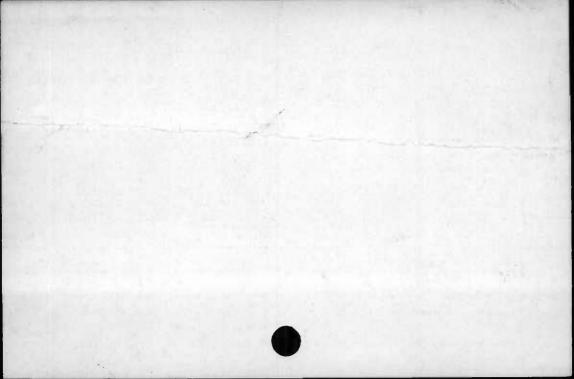
Name in Full	- Joseph C	aup	~ 9/1	/I.	CERTIFICA	TE OF DEATH
	Died at Caulibye		mcheren			YLAND
	Date of death 1906	Day	Age 4+ celvel-	Mor	nths	Days
END B	Sex male	Color or Race	colond	Birth- O	2.4.1	nd,
ANSWERED BY	Occupation Sagur		Where Residing if not at place of death			
	Married, Single Augle	Name of Wile or Husband				
TO BE	Father's had Imoun			Father's Birthplace		
ř	Mother's Maiden Name Mr frum			Mother's Birthplace		
	Name of person giving or Sure Cale			How related to deceased		
		CAUSE	S OF DEATH	•		
	Primary Pirtul shul-	und of	chest,	How long	7 low	D
RONER	Immediate hantmotic	Pleuring	Pourmind	How long	4 doi	10
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above? Signature of Physician			my	tol	
Q 8			Address	Cun	hote.	ered
	Accident or Suicide?				BRARY BURE	_



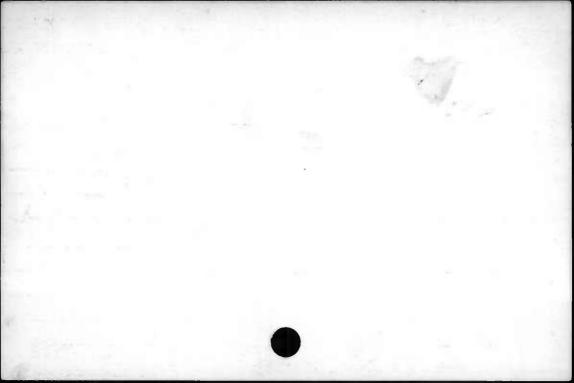
Name	The state of the s	- 85W04 NOTON				
in Full	aunie Cornish				CERTIFICATE	OF DEATH
ANSWERED BY REST FRIEND	Died at & Ulear Was			y ~	MARYLAND	
	Date of death 190 6	Day / O	Age 25		nths	Days 3
	Sax Femple	Color-or Cap		Birth- place	r 8.	
ANSWERED REST FRIEN	Married, Single or Widowed		Occupation	if E		
	Name of Wife or Husband	Comiss	(/		
TO BE	Fathar's Nama Jenkino			Father's Birthplace		
	Mother's Marden Name			Mothar's Birthplace		
	Name of person giving In formation	unie J	endino	How ralated to deceased		2
		CAUS	ES OF DEATH			
	Primery Lubereul	20	60	How long	No	
CIAN	Immediate		(1)	How long		
PHYSICIAN R CORONEI	Ara the nama, aga, sax, color, date and placa correctly given above?	als	Signature of Physician	Coge,	negers	
P RO	/		Address He	orkers (
	Accident or Sulcide?				Hed	
			1/		INDARY BUREAU	448814



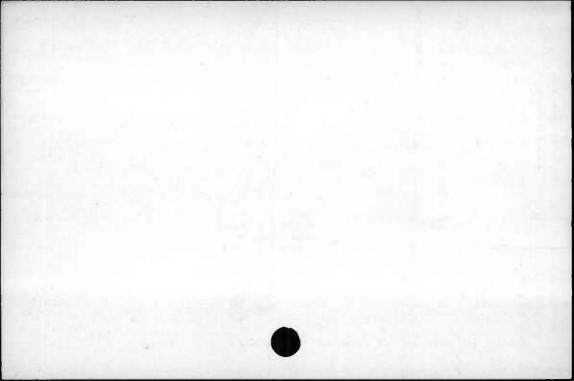
Name Full SERTIFICATE OF DEATH MARYLAND Date Years Months of death 190 6 Age ANSWERED BY Color or Birth-Race Dlace Where Residing if not at place of death REST Name of Wile or Married, Santa or Widow d Husband NEAF Father's Father's Mont mon Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long OR CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide?



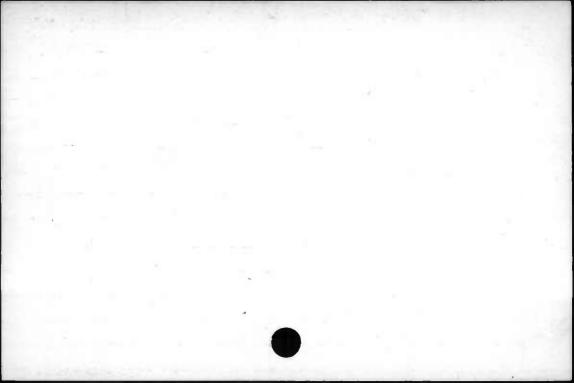
Name in CERTIFICATE OF DEATH Foll Died at MARYLAND Day Months Days Date FRIEND Color or ANSWERED Sex Occupation -Where Residing if not at place of death NEAREST Name of Wife or Husband 14 Father's Father's Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long OR CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Addre Accident or Suicide? LIBRARY BUREAU ASSSIS



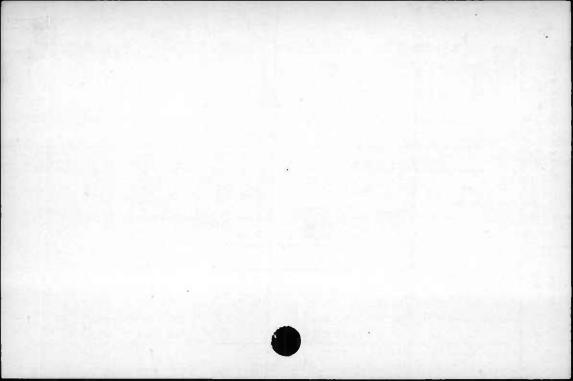
Name in Full	Mary Lo. Harris	CÉRTIS	FICATE OF DEATH
	Died at Militor Drocling	7	MARYLAND
>	Date of death 1906 Cannary Park Age 60	Months	Days
ED BY	Sex Fewale Race Col	Birth- Dr. Co	Med
Answered Rest Frien	Occupation Where Residing if not at place of death		
ANSW	Married, Single Married Name of Wile or John Mo	Harris	
N EA		Father's Birthplace Dr. Collid	
0 2	Mother's Maiden Name Elizabeth Nevitt	Mother's Birthplace	.Co.Med.
•	Name of person giving Howard Richardson	How related to deceased	one
	CAUSES OF DEATH		
	* acute Nehhrilis	How long above	is / weeks.
PHYSICIAN OR CORONER	Immediate	How long	
	Are the name, age, sex, color, date Probably Signature of 10, D. A. and place correctly given above? Probably Physician	Louthice	cur Ass
	* Did not ustend patient		
	Accident or Suicide?		
		E YNASELL	UMEAU ABBSIS



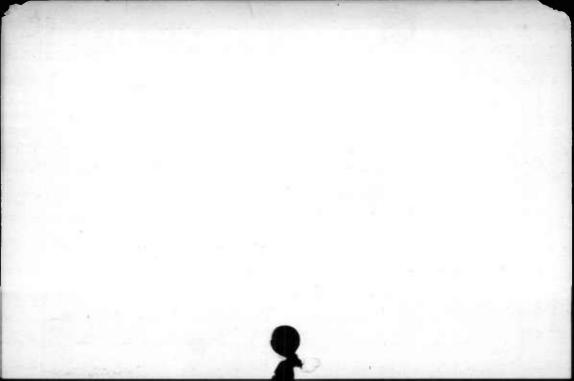
Name in alexanan Henton CERTIFICATE OF DEATH Full Cauchredge dist MARYLAND Months Color or ANSWERED Where Residing if not near Cambridge at place of death Name of Wife or Married, San Steasen Father's Fether's Birthplece mary Henson Mother's Birthplace Name of person giving How related Edward Opher to deceased In formation CAUSES OF DEATH How long RONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of Physician and place correctly given above? 00 Accident or Suicide?



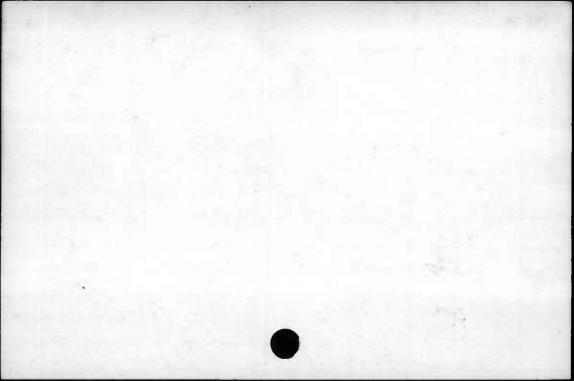
Name	5-2-	11.00,0		
Full	20179	- House		CATE OF DEATH
,	Died at findume	mehin	en M	ARYLAND
	Date of death 1906 / Month	Day Years	Months	Days /3
ED BY	Sex Hahale Cold	or or overed	Birth- Wyr, C	mi.
ANSWERED	Occupation	Where Residing if not at place of death		
	Married, Single O-M Nam or Widowed Hush	e of Wile or pand		
TO BE	Father's Juhn M	Father's Birthplace	.co.ml	
F	Mother's Harrit	Father's Birthplace Com. G. Mode Mother's Birthplace Com. G. Mode		
	Name of person giving Hamila	Hallin	How related to deceased	vitas
		CAUSES OF DEATH		
	Permany Fish Tentrit	4 (155)	How long / Sw	er.
HYSICIAN	Immediate Ephantin		How long	
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly, given above?	Signature of Physician	Mule	
0 8		Address Com	fridge m	re'
	Accident or Suicide?		LIBRARY MUS	



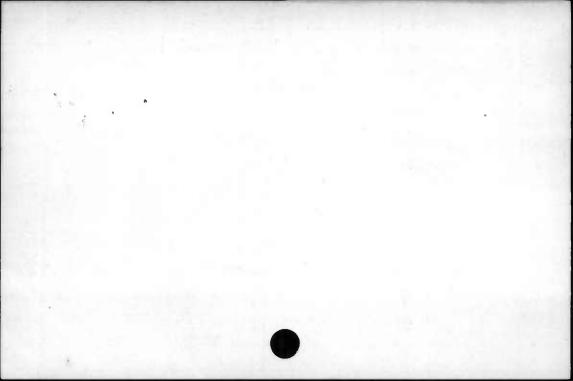
Date of death 190 S January The Age Hoor He Birth-place Occupation Married, Single Sor Wooked Single Pather's Married Name of Person giving Information Name of person giving Information Primary Primary Primary Primary Day Occupation Town Age Hoor He Seading if not at place of death Where Residing if not at place of death Father's Birthplace Mother's Birthplace CAUSES OF DEATH Primary Primary Chronic Telbritis How long How long How long How long Primary	in Full	Thomas Seuis	CE	ERTIFICATE OF D	EATH
Sex Male Color or Colonal Birth-place Occupation Married, Single or Widowed Single or Widowed Single or Widowed Husband Father's Name Mother's Married Name Mother's Birthplace Mother's Birthplace Mother's Birthplace Mother's Causes of Death Name of person giving Information Primary Chronic Telphritis Application How long.					
Sex Male Color or Race Where Residing if not at place of death Where Residing if not at place of death Married, Single Single or Widowed Father's Name Mother's Marden Name Name of person giving Information Causes of Death Primary Primary Chronic Telphritts How long	>	Date of death 1906 January 17 Age Hon Hy	Months	s Day	5
Married, Single or Widowed Single Husband Father's Name Mother's Marden Name Name of person giving Information Causes of Death Primary Primary Name of Wile or Husband Name of Wile or Husband Father's Birthplace Mother's Birthplace How related to deceased not retailed.	12	Sex male Color or Colored		ama	
Father's Name Mother's Marden Name Name of person giving Information Causes of Death Primary Prim	BE ANSW				
Mother's Marden Name Name of person giving Information CAUSES OF DEATH Primary Chronic Telbhritis How long		Married, Single Single Name of Wile or Husband			
Name of person giving Ist Island How related to deceased not related to deceased not related to deceased. How long					
Primary Chronic Nephritis 10 Howlong		Mother's Marden Name	Birthplace Ulutuwww		
Primary Chronic Nephritis (20 Howlong		Name of person giving Information	How related to deceased	not retat	ed
Chronic Nephritis (20)		CAUSES OF DEATH			
How long		Primary Chronic Nelsbritis (20)			
	SIAN	0 1 2 0	How long	luys	
Are the name, age, sex, color, date and place correctly given above? Signature of Sex terr Reynolds	PHYSICIAN R CORONE	and place correctly given above? Wes Physician Ox ler	3 Reyr	Cullabor	
Address Cambridge Wd		Address Camb	ridge	ma.	
Accident or Suicide?		Accident or Suicide?			



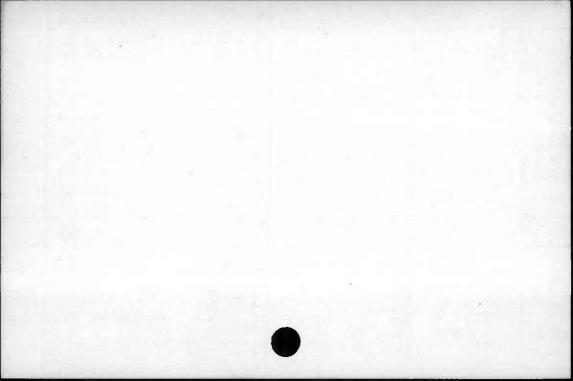
Name		0				
in Full	John Alba	t Len	1	CÉF	TIFICATE OF DEATH	
101	Died at Caulna Conth		Dorchist		MARYLAND	
	Date of death 1906 Jaux	Day Ag	¥€ars	Months	Days	
ANSWERED BY	Sex male	Color or While		Birth- Jalbot	wma	
ANSWERED REST FRIEN	Occupation School Bog		here Residing if not place of death			
ANS	Marrhed, Single or Widowed	Name of Wile or Husband				
TO BE	Father's Denny Logas			Father's Birthplace Talbottona		
F	Mother's Maiden Name 201 girun			Mother's Birthplace		
	Name of person giving Items Lyons			How related Jaller		
	0	CAUSES OF	F DEATH			
	Primary Afferdeach		(18)	How long 6 ac	us	
PHYSICIAN R CORONER	Afferdick Immediate Teneral	Intonitos		How long 6 ac	4	
	Are the name, age, sex, color, date and place correctly given above?		ture of BM	Tola bon	ray	
0 0			Address Can	Indy A	na	
	Accident or Suicide?			U		
				LIBRAI	SIBLEA LABRUS YE	



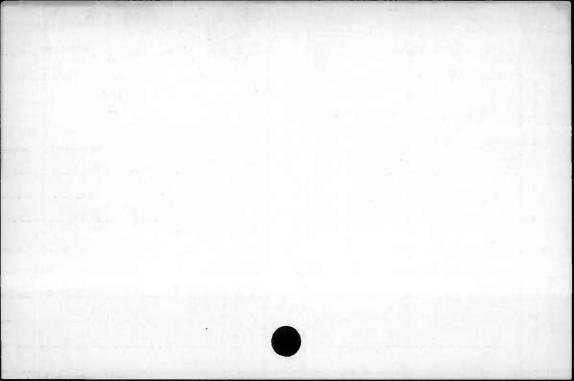
in Full	222 6	Muberta /	c Clai	21	CERTIFIC	ATE OF DEATH
	Died st Tarelor la	Island	Dorce	hester		RYLAND
	Date of death 1906 January	an 4	Age Years	Mo	inths	Days
ED BY	Sex Fernalo	Color or Race	aucasu	Birth- place	Me	2
FRI	Occupation		Where Residing if not at place of death	C		
	Married, Single Madaves	Name of Wile or Husband	Jas. G	Me	Cola	in
BE	Father's Ass. W.	Bra	dehar	Father's Birthplace	2	Ud
0 -	Mother's Maidea Name	v P.	Brown	Mother's Birthplace	14	11
	Name of person giving In formation	6 9	Mc Celai	How related to deceased		n
		CAUS	ES OF DEATH			
	Primary Roma	cho- C	neumo	How long	1 20	cefe
RONER	Immediate Sahe	metir	n (C	How long	C =	>
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	5. 15.	Shr	iver &
O R O			Address	welon la	Jel	and
	Accident or Sulcide?		10		1	ud
					LIBRARY BUSE	AU ARROIS

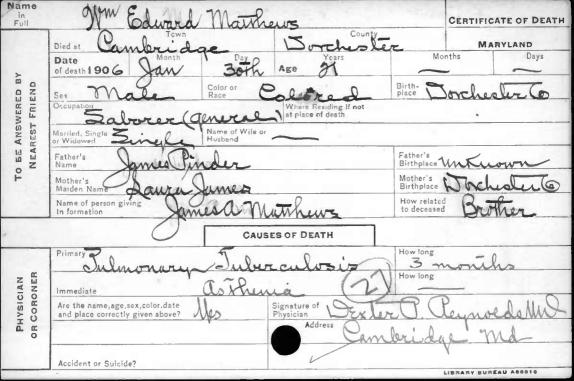


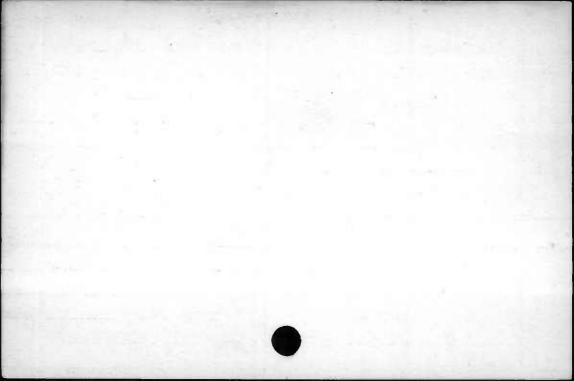
Name	00 00 11	· AAA	20.00		The second second
Full	chart in	r. YVC	عامر	4	CERTIFICATE OF DEATH
	Died + Caulity		orraho	tus	MARYLAND
>	Date of death 1906 Month	Day	Age	Mo	nths Days
ED BY	Sex Wall	Color or C	ve.	Birth- place 5	M. Co. Md.
ANSWERED	Occupation		Where Residing if no at place of death	ot	
- 1		Name of Wile or Husband	_		
NEA NEA	Father's Religh	ms co	then	Father's Birthplace	RE
01	Mother's Europeut	Nos	migtin	Mother's Birthplace	Dr. G. rud.
	Name of person giving In formation	Jaluth	- Mi Cul	How related to deceased	
		CAUSE	S OF DEATH		
	Primary Bruncho. Prie	uma	id Prime	How long	Edoys
PHYSICIAN R CORONER	Immediate Exhauti	m	(92)	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of hysician	Lughl	uli
<u>o</u> <u>u</u>			Address	culis	ge mil
	Accident or Suicide?				IMPARY HUREAL ASSES



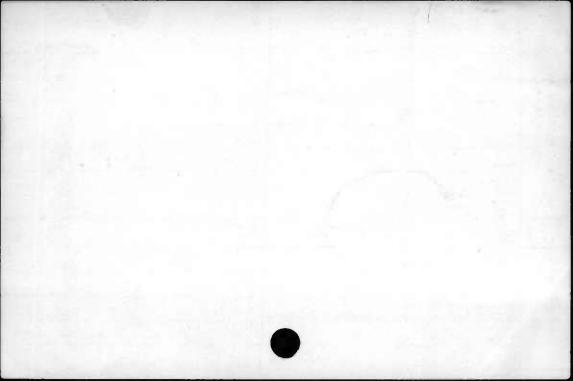
Name in Full	It my	ma	sshall	CERTIFI	CATE OF DEATH
>	Died at Town		County	M	ARYLAND
	Date of death 190 6 Month	# Day	Age Years V 6	Months 2	Days
ED BY	sex male	Color or M-	hite	Birth- place mel	
ANSWERED	Marriad, Singla or Widowed mark	ied	Occupation 7 as	mer	
Name .	Nama of Wife or Husband	mary	hall		
TO BE	Father's Name Bow Invariable			Father's Birthplace	nd
	Mother's Marden Name Organ Surand			Mother's Birthplace	
	Name of person giving Information (R. D. House Vard			How related 22 >>>	in Edwin
		CAUSE	S OF DEATH		
	Primary du tes-tina	e tube	relosio	How long 6 m	205
ORONER	Immediate		(29)	How long	
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Stuffe	5
0 2			R 76#5	Jambrec	lye
	Accident or Suicide?			mel	STALL AROSSIA



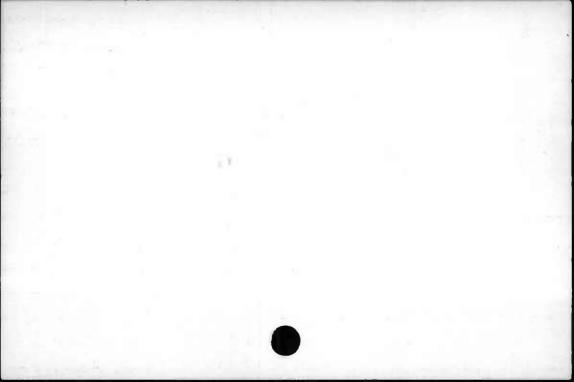




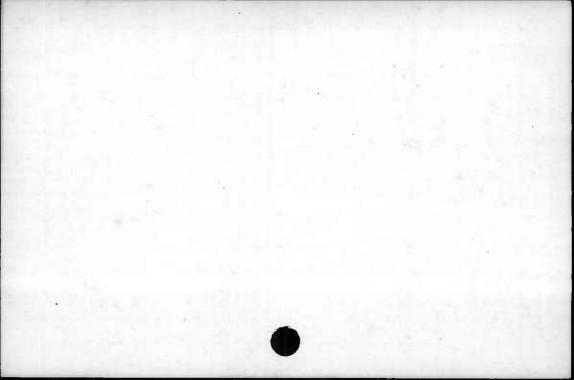
Name in Full	" and w morni				ERTIFICATE OF DEATH	
	Died at Cambrill Town		mchener	2	MARYLAND	
	Date of death 1906	Day	Age FO	Month	Days	
ED BY	Sex Mule	Color or Race	oland	Birth- place D	. Co. mile	
ANSWERED	Occupation when		Where Residing if not at place of death			
	Married, Single Widowy	Name of Wile or Husband	many n	con		
B H				Father's Birthplace		
5				Mother's Birthplace		
	Name of person giving Eddic	Bail	1	How related to deceased	handron	
		CAUS	ES OF DEATH			
	Primary Herrsplege	- Kana	(4	How long 2	layo-	
CIAN	Immediate Zenner		e a company	How long 2	drys-	
PHYSICIAN OR CORONEI	Are the name, age, sex, color, date and place correctly given above?	Les	Signature of Man		Ulmyla	
			Address	budg.	e tech.	
	Accident or Suicide?		V		ARY BUREAJ ASSOIS	



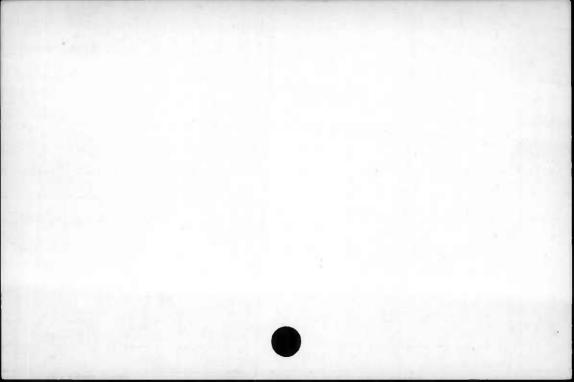
Name in Full	dward Gran		rove	c	ERTIFICATE OF DEATH	
	Died at Cambri & 9	12	Dorchester	MARYLAND		
	Date of death 1904	Day 4	Age 34	Monti 6	ns Days	
ED BY	Sex male	Color or #	lite	Birth- place M	d.	
FRI	Corpenter Corpenter		Where Residing if not at place of death			
	Gorpenter Married, Single Married or Widowed Married	Name of Wife or Husband	Evalina A	Farris In	noon	
NEA	Father's Name	Father's Birthplace -				
0 2	Mother's Maiden Name	Mother's Birthplace				
				How related to deceased	Wife	
		CAUS	ES OF DEATH			
	Primar Fracture 1	Spine	(IIII)	How long		
SICIAN	Primar Fracture of Immediate Ex hans	tion	(104)	How long		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	450	C'andread S C	wolf	1	
0 a		0	Address	hidge,	md.	
	Accident or Suicide?					
				FIR	HARY BUREAU ASSSIS	



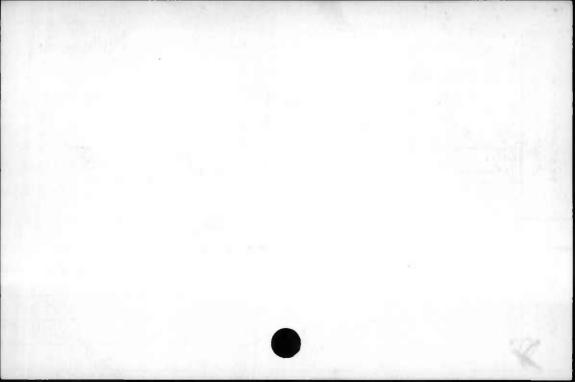
Name in Full CERTIFICATE OF DEATH Died at leauthouse -MARYLAND Months Days Date of death 190 Age checky les Color or ANSWERED FRIEN Occupation Where Residing if not at place of death Name of Wile or Married, Single Husband or Widowed 四日 Father's Father's rcharles Co Name Birthplace 01 Mother's Name of person giving Mather Leap How related mother to deceased CAUSES OF DEATH Primary How long EB PHYSICIAN NO œ Are the name, age, sex, color, date Signature o COI and place correctly given above? Physician Address 00 Accident or Suicide? LIBRARY SUREAU ASISIS



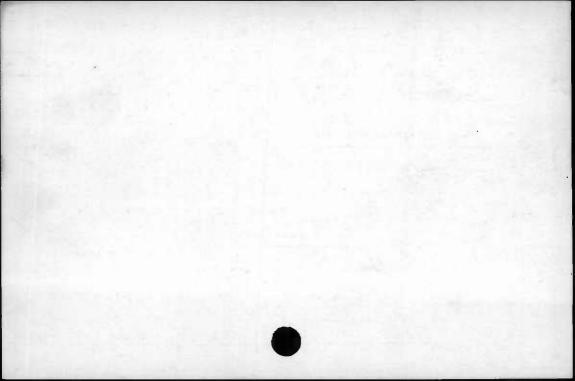
Name in Full	Robb. Russe Rhua				CERTIFICATE OF DEATH		
BE ANSWERED BY	Died at Town		buchister		MARYLAND		
	Date of death 190 6	2-Y Day	Age		onths Days		
	Sex male	Color or 25	hite	Birth- place	ames mal		
	Married, Single or Wildowed		Occupation	1			
	Name of Wife or Husband						
	Fether's Robert of Rhica			Father's Birthplace	James mil		
0 -	Mother's Maiden Name S. amarida Hulbard			Mother's Birthplace	Mother's		
	Name of person giving Frank Philips			How relate to deceased			
		CAUS	ES OF DEATH				
	Primary acute Bro	nehitis	(an	How long	duys		
SICIAN	Immediate		99	How long	0		
PHYSICIAN OR CORONER	Are the name, age, sex, color, dete and place correctly given above?		Signature of Physician		2 Itorus		
			Address	aml	milye		
	Accident or Suicide?				mel.		



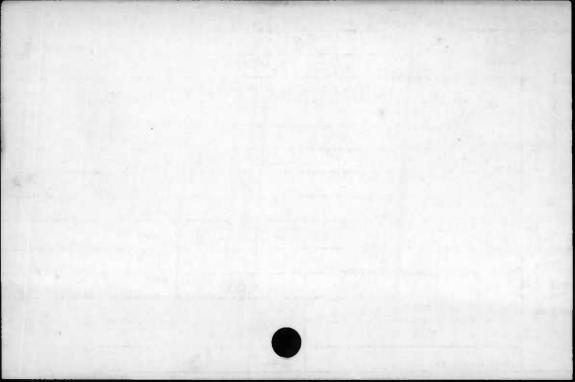
Name in Full	George Me.	Kure			CERTIFICATE OF E	DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Chatian		Dochustu		MARYLAND		
	Date of death 1906 fan	Day 3	Age Years	2	nths Da	iys .	
	Sex Male	Color or Mr.	hite	Birth- place //	Maryland		
	Occupation None		Where Residing if not at place of death				
	Married, Single or Widowed	Name of Wite or Husband					
	Father's George Me. Kur			Father's Birthplace Mary Cand			
	Mother's Maiden Name Luggest Well			Mother's Birthplace			
	Name of person giving fung	Name of person giving Junge Me. Kur			Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Measle +	Pneum	wrid (How long	o doups		
	Immediate throat faciliers I flow long I lay						
	Are the name, age, sex, color, date and place correctly given above?	Mho	Signature of Physician	ug NC	ule		
			Address Q	ambi	ulge men	l.	
	Accident or Suicide?						
100					IRRARY BUREAU ADSSIG	1	



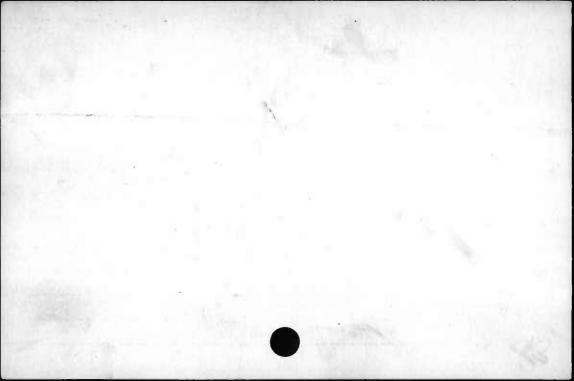
Name ohn States in CERTIFICATE OF DEATH EuII. pat leandindar MARYLAND Months Days of death 1906 - Lawy ANSWERED Prescher Where Residing if not at place of death Married, Single Manual Name of Whe or Widowed Husband 日日 Father's William States Father's Birtholace Michealer les Mother's Loral States Worchlets los Birtholace Name of person giving How related to deceased Avenue In formation CAUSES OF DEATH ONER How long PHYSICIAN Œ Are the name.age.sex.color.date Lev Signature of Marker / 0 and place correctly given above? Address laambudge DC. Accident or Suicide? LIBRARY BUREAU ASSETS



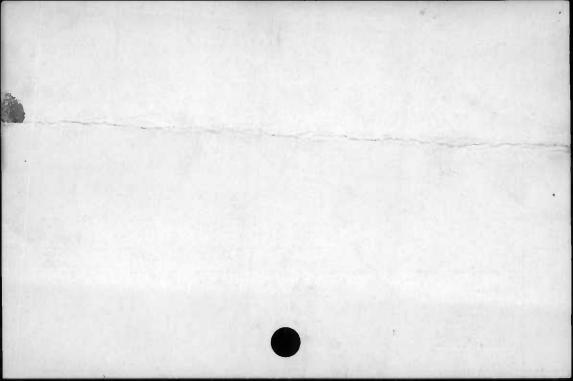
Name In Full	Dolle Sfrom		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Oppulation	Drah County	MARYLAND				
	Date of death 190 % Month Day		Months Days				
	Sex True Color or Cu	Birth-place	yed				
	Married, Single or Widowed	Occupation					
	Name of Wife or Husband						
	Father's Many Slear	Father's Birthplac					
	Mother's Maiden Name Elliosh	Mother's Birthpla	and the second				
	Name of person giving In formation	How rela					
CAUSES OF DEATH							
	Primary Menun	Howlong	2 well				
SIAN	Immediate Cyfushin	(45) How long	3				
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above? Y Signa Physi		realist				
		Address	du mo				
	Accident or Sulcide?		LIBRADY BUSCAU ARRESS				



Name	-me I	0	tree la			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
In Full	months a Stonelung			CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at W H	med.			MARYLAND		
	Date of death 190	Day 16	Age (Tolor	ch Mc	onths	Days	
	Sex female	Race Were C PI		Birth- place	Birth- place pelacopy		
	Married, Single or Widowed Mornell	, - ,	Occupation	Charles			
	Name of Wife or Husband Com Stonsburg						
	Father's Name - hotel	non		Father's Birthplece	notooft	ainable	
	Mother's Maiden Name - Two- Thurston			Mother's Birthplace But of Mainable			
	Name of person giving In formation	Stone	Yeur	How related to deceased		light	
CAUSES OF DEATH							
	Pilmary Panlesse	d	()	How long			
PHYSICIAN OR CORONER	Immediate		120	How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	u m	ners		
		24	Address	erci (
	Accident or Suicide?		V I		no	-	
					LIBBARY BUREAU	A22516	



Name in CERTIFICATE OF DEATH Full MARYLAND Months Days Date of death 1906 Age Birth- S. n Market Color or ANSWERED Race Occupation Where Residing if not at place of death Name of Wite or Married, Single or Widowed Husband BE Father's Dorchecter Father's Birthplaca Name Mother's Moth Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long PHYSICIAN OR CORONER CORONER How long Immediate Are the name, age, sex, color. date Signatura of and place correctly given above? Physician Address . Accident or Suicide?



Name						
in Full	Minty Thompson	CERTIFICATE OF DEATH	н			
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambridge Dorehester	MARYLAND				
	Date of death 1906 Sammaru 3rd Age abt 90	Months Days				
	Sex Jemale Colored Birt	th-				
	Occupation Where Residing if not at place of death					
	Married, Single Wei dowed Name of Wife or Jeff Shompson					
		other's rthplace Uniturn				
		other's orthplace				
		ow related Dan after				
	CAUSES OF DEATH					
	Primary Catarral al Programming (02) Hov	Sur exten				
PHYSICIAN OR CORONER	Immediate . Os There is	ow long				
	Are the name, age, sex, color. date and place correctly given above? Signature of Physician Exter	PReynolde Mis				
	Address	idae				
	Accident or Suicide?	Naryland				

